S. No. 2
M—5-43
5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32162

FILED SEP 24 1946

Registration District No. 918 Primary Registration District No. 1003 Registrar's No. 7828

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2817a Clark
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Rowlette
3. (b) If veteran, name war
3. (c) Social Security No. 439-07-2725
4. Sex male
5. Color or race col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Daisy
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Feb (Month) 3rd (Day) 1892 (Year)

8. AGE: Years 54 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Murray (City, town, or county) Ky (State or foreign country)
10. Usual occupation Labor
11. Industry or business

FATHER
12. Name Horace Rowlett
13. Birthplace unk (City, town, or county) unk (State or foreign country)

MOTHER
14. Maiden name Everline Hornbuck
15. Birthplace unk (City, town, or county) Ky (State or foreign country)

16. (a) Informant Daisy Rowlett
(b) Address 2817 Clark Avenue
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3123 Bell Avenue
19. (a) SEP 10 1946 (Date received local registrar) (b) J. J. Bredel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1946 hour 6 minute xx A. M.
21. I hereby certify that I attended the deceased from 8-28, 1946, to 9-6, 1946; that I last saw him alive on Sept. 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Hemorrhage
Chronic Glomerulonephritis — Undet.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. B. Williams (M. D. or other)
Address 2601 N Whittier Date signed 9/6/46

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Shouted

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.